

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581856

FILING DATE

ATTORNEY

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		0		1		
2		1		1			52		0		1		
3		1		1			53	1		1			
4		1		1			54		1		1		
5	1	1		1			55		1		1		
6		1		1			56		1		1		
7		1		1			57		1		1		
8		1		1			58		1		1		
9		1		1			59		1		1		
10		1		1			60		1		1		
11		1		1			61		1		1		
12		1		1			62	1		1			
13		1		1			63		1				
14		1		1			64		1				
15		1		1			65		1				
16		1		1			66		1				
17		1		1			67			1			
18		17		1			68			1			
19		17		1			69			1			
20	1		1				70			1			
21		1		1			71			1			
22	1		1				72			1			
23		2		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35	1		1				85						
36	1		1				86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		2		1			90						
41	1		1				91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		4		1			95						
46		0		1			96						
47		1		1			97						
48		0		1			98						
49		0		1			99						
50		0		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	9	↓	12	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	94	←	60	←		←
TOTAL CLAIMS							TOTAL CLAIMS	103		72			